## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1979 8005

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                |                                    |              |                  |       | SMALL ENTITY TYPE OR |                        |         | OTHER THAN SMALL ENTITY |                        |
|---|--|---|----------------|------------------------------------|--------------|------------------|-------|----------------------|------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 1,2            |                                    |              |                  |       | RATE                 | FEE                    | 7       | RATE                    | FEE                    |
| FOR   |  |   | NUMBER FILED   |                                    | NUMBER EXTRA |                  | ]     | BASIC FE             | 385.00                 | ÖR      | BASIC FE                | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | \૨ minus 20=   |                                    | •            |                  | ľ     | X\$ 9=               |                        | OR      | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =      |                                    | •            |                  |       | X43=                 |                        | OR      | X86=                    |                        |
| MULTIPLE DEPENDENT CLAIM PR   |  |   | RESENT         |                                    |              |                  |       | +145=                |                        | OR      | +290=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                |                                    |              | . 1              | TOTAL | 282                  | OR                     | TOTAL   |                         |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |                |                                    |              |                  | ·     | SMALL                | ENTITY                 | OR      | OTHER                   |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 8                                       | Minus          | - '/                               | <u> </u>     | =                |       | X\$ 9=               |                        | OR      | X\$18=                  |                        |
| AM  | Independent                                    | • NTATION OF MI                           | Minus          | PENDENT                            | S            | =                |       | X43=                 |                        | OR      | X86=                    |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                    |              |                  |       | +145=                |                        | OR      | +290=                   | )<br>A                 |
|   |  |   | .:             |                                    |              |                  | L     | TOTAL                |                        | OR      | TOTAL                   | :                      |
| ADDIT. FEEOn AD(  |  |   |                |                                    |              |                  |       |                      | ADDIT. FEE!            |         |                         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | •   | Minus          | **                                 |              | =                |       | X\$ 9=               | ,                      | OR      | X\$18=                  |                        |
|   | Independent                                    | •   | Minus          | ***                                |              | ÷ .              |       | X43=                 |                        |         | X86=                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                    |              |                  |       |                      |                        | OR      |                         |                        |
|   |  |   |                |                                    |              |                  |       |                      |                        | OR      | +290=                   |                        |
|   |  | •   |                | •                                  |              |                  | AE    | TOTAL<br>DOIT, FEE   |                        | OR A    | DDIT, FEE               |                        |
|   |  | (Column 1)                                |                | (Column                            |              | (Column 3)       |       |                      | ٠.                     |         |                         | ·                      |
| Z EN  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUMBE<br>PREVIOU<br>PAID FO        | R .          | PRESENT<br>EXTRA |       |                      | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus          | ••                                 |              | =                |       | X\$ 9=               |                        | OR      | X\$18=                  |                        |
|   | Independent                                    |   | Minus          | ***                                |              | =                |       | X43=                 |                        |         | X86=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X865  |  |   |                |                                    |              |                  |       |                      |                        |         | V002                    |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                |                                    |              |                  |       |                      | C                      | DR      | +290=                   |                        |
| *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box |  |   |                |                                    |              |                  |       |                      |                        | OR A    | TOTAL<br>DOTT. FEE      |                        |
| . T   | he "Highest Numi                               | ber Previously Paid                       | For* (Total or | Independent                        | ) is the h   | ighest number    | found | in the appro         | opriate box i          | n colur | nn 1.                   | .                      |